PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN			Attorney Do	cket Number	DEP5054		
			First Named		RHODES, JAMES M.		
			COMPLETE IF KNOWN				
PATENT APPL (37 CFR 1	CFR 1.63)  Declaration Subm	ırcharge	Application I	Number			
Declaration Submitted with Initial Filing OR			Filing Date				
······g			Group Art U	nit			
			Examiner Na	ame			
As a below named inventor, I her	eby declare that	t:					
My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
SURGICAL INSTRUMENT (Title of the Invention)							
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claime	Certified Copy Attached? YES NO		
Additional foreign application r					TO/SB/03B etterbal barrier		

DECLARATION - Utility or Design Patent Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under Title 35, U	nited States Code, §120 of any United States	s application(s) listed below and, insofar as					
the subject matter of each of the claims of t	this application is not disclosed in the prior U	nited States application in the manner					
	United States Code, §112, I acknowledge the						
defined in Title 37, Code of Federal Regula	tions, §1.56(a) which occurred between the	filing date of the prior application and the					
national or PCT international filing date of t							
Application Serial No.	Filing Date	Status					
		Patented Patented Patented					
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:	VENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) JAMES M.	Family Name or Surname RHODES							
Inventor's Signature Comes (Mark	t) thodas	<u></u>	Date 6-	-26-03				
Residence City WARSAW	State IN	Co	untry USA	Citizenship USA				
Mailing Address 2325 E FAWN AVENUE								
City WARSAW	State IN		46582	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND NVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) OSCAR F.  Family Name or Surname SALCIDO								
Inventor's Signature Date 6.26.53								
Residence: City MENTONE	State IN	Co	untry USA	Citizenship USA				
Mailing Address 5240 S STATE ROAD 19								
City MENTONE	State IN	ZIP 46539		Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) HERBERT E.								
Inventor's Hunt S. Sur	lund		Date 6/3	26/03				
Residence: City FT WAYNE	State IN	Co	untry USA	CitizenshipUSA				
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